



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LICENSING SERVICES BUREAU - INSURANCE
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TRENTON, NJ 08625-0327

RICHARD J. CODEY
Acting Governor

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HOLLY C. BAKKE
Commissioner

Additional Authority Request Form
Please complete the following.

Name (as printed on license): _____

New Jersey insurance producer license reference number: _____

National Association of Securities Dealers license or registration number, or State Securities license number (**for VARIABLE ANNUITY AUTHORITY only**)

#_____. Attach proofs.

Residence address: (individual licensees only)

Business mailing address: (please enter business name on first line)

E-mail address(optional)_____

PRODUCER SIGNATURE:_____

Residents: Attach school certificate, or education waiver and examination pass notice. **Non-Residents:** You must have the comparable line of authority in your home state. Home State Certification is **not required** if your record is available on the NAIC National Producer Database.

All licensees must attach check or money order for \$20 processing fee made payable to State of New Jersey Treasury. Circle each new authority requested: **Life; Variable; Accident and Health or Sickness; Title; Property; Casualty; Personal Lines ;SURPLUS LINES; Bail Bond; Credit; Ticket; Group Mortgage Cancellation; Legal; Self Storage Personal Property.**

Note: Requests for **REINSURANCE INTERMEDIARY OR MANAGING GENERAL AGENT** require separate application forms available at: www.njdobi.org